

REQUEST FOR COURSE AND CREDIT APPROVAL
WASHINGTON STATE INSURANCE CONTINUING EDUCATION PROGRAM
Office of the Insurance Commissioner

Mailing Address

POB 40257

OLYMPIA WA 98504-0257

Phone: (360) 725-7146 Fax: (360) 586-2019

Direct Delivery

INSURANCE 5000 BLDG

5000 CAPITAL BLVD

TUMWATER WA 98501

Course Title: _____

Credit Hours Requested: _____ **Ethics content hours** _____

COURSE NUMBER (If one assigned): _____

PROVIDER NUMBER: _____

Provider Name: _____

Address: _____

City: _____ **State** _____ **Zip:** _____

Telephone No.: () _____

Contact Person: _____

E-Mail Address: _____

Course Dates: _____

Class Times: _____

Class Location/Address: _____

INSTRUCTION METHOD

_____ **Classroom/Lecture** _____ **Correspondence**

_____ **Seminar** _____ **Other (explain)**

**METHOD OF DETERMINING
SATISFACTORY COMPLETION OF COURSE**

_____ **Examination**

_____ **Attendance** _____ **Other (explain)**

I AGREE to (a) to maintain an attendance record consisting of a sign in, sign out register, or other record of course completion as approved by the Commissioner; (b) to provide a certificate of completion only to those present for the full approved time, or who have successfully completed course requirements; and (c) to comply with regulations issued by the Office of the Insurance Commissioner regarding continuing education.

I further agree that the Certificate of Completion will be signed by the course instructor or other responsible officer of the provider signifying satisfactory completion of the course and reflecting credit hours earned. Such certificate shall be on the approved Washington certificate and completed in its entirety.

NECESSARY ENCLOSURES FOR COURSE APPROVAL:

(1) Course outline (Broken down by time and topic)

(2) Instructional material for course (text, brochures, etc.)

(3) Biography of instructor/speaker

Name and Title of Responsible Person: _____

Signature: _____ **Date Submitted:** _____